










CORPORATION NAME			MAIL TO: Balance Due Missouri Department of Revenue P.O. Box 3365 Jefferson City, MO 65105-3365			MAIL TO: Refund or No Amount Due Missouri Department of Revenue P.O. Box 700 Jefferson City, MO 65105-0700			
NUMBER AND STREET			FORM MO-1120A						
CITY OR TOWN, STATE, ZIP CODE			Missouri Corporation INCOME TAX Return for 2006			Missouri Corporation FRANCHISE TAX Return for 2007			
MITS/MO I.D. NUMBER		CHARTER NUMBER	FEDERAL I.D. NUMBER		Beginning _____, 20____		Beginning _____, 20____		
					Ending _____, 20____		Ending _____, 20____		
Check Applicable Boxes			Attach copy of Federal Form 1120, Pages 1-4, or 1120A			Balance Sheet Date (MMDDYY)		SOFTWARE VENDOR CODE (Assigned by DOR) 002	
<input type="checkbox"/> Name Change			<input type="checkbox"/> Bankruptcy			<input type="checkbox"/> 990C			
<input type="checkbox"/> Address Change			<input type="checkbox"/> Accounting Period Change			<input type="checkbox"/> 990T			
<input type="checkbox"/> Final Corporate Income Tax Return			If yes, state prior accounting period _____			<input type="checkbox"/> A. Return filed for BOTH (income and franchise)			
Note: This form cannot be used if the corporation's income is not 100% apportioned to Missouri. You must use Form MO-1120 and complete Form MO-MS						<input type="checkbox"/> B. Return filed for INCOME tax only			
						<input type="checkbox"/> C. Return filed for FRANCHISE tax only			
Computation of Income Tax	1. Federal Taxable Income from Federal Form 1120, Line 30. (Federal Form 1120A, Line 26)					1		00	
	2. Corporate income tax from Missouri deducted in determining federal taxable income (attach schedule)					2		00	
	3. Amount of any state income tax refund included in federal taxable income (attach schedule)					3		00	
	4. Federal Income Tax — Multiply Federal Forms 1120, Schedule J, Lines 5a and 10 OR 1120A, Part 1, Line 5 by 50% ..					4		00	
	5. Missouri Taxable Income (Line 1 plus Line 2, less Lines 3 and 4)					5		00	
	6. Corporation Income Tax — 6.25% of Line 5					6		00	
Computation of Franchise Tax	• Corporations having all assets within Missouri complete Lines 7, 8, 9a, and 10 only								
	• Corporations having all assets outside Missouri complete Lines 9b and 10c only								
	7. Par value of issued and outstanding stock (For no-par value stock, see instructions) (not less than zero)					7		00	
	8. Assets: 8a. Total assets per attached balance sheet					8a		00	
	8b. Less: Investments in and advances to subsidiaries over 50% owned (Attach schedule showing name of corporation, percentage of ownership, and amount)					8b		00	
	8c. Adjusted total (Line 8a less Line 8b)					8c		00	
	9. Tax Basis:								
	9a. Corporations having all assets within Missouri (Line 8c or Line 7, whichever is greater)					9a		00	
	9b. Corporations having all assets outside Missouri and no assets apportioned to Missouri, enter zero					9b		00	
	NOTE: If your assets in Missouri (Line 9a) do not exceed \$1,000,000 or if you have zero assets apportioned to Missouri (Line 9b) check this box <input type="checkbox"/>. You do not owe franchise tax. Enter zero in Line 10c. If this box is checked, Box B must not be checked.								
10. Tax Computation									
10a. Tax — 1/30th of 1% (.000333 of Line 9a)					10a		00		
10b. Short periods (for new corporations and change in accounting periods only) Line 10a x _____ (insert number of months in short period) = prorated tax due					10b		00		
12									
10c. Corporation Franchise Tax due (Line 10a or Line 10b, whichever applies)					10c		00		
Credits/ Payments	11. Total Corporate Income Tax and Franchise Tax Due — Line 6 plus Line 10c					11		00	
	12. Total Tax Credits (Attach Form MO-TC)					12		00	
	13. All tax payments (include payments with Form MO-7004 and approved overpayments from prior years)					13		00	
	14. Total — add Lines 12 and Line 13					14		00	
Refund or Tax Due	15. If Line 14 is greater than Line 11, enter OVERPAYMENT here					15		00	
	16. Amount to be contributed to the trust funds listed to the right. Add the total amount contributed.					16		00	
	 Children's  Veterans  Elderly Home Delivered Meals  Missouri National Guard  Workers' Memorial  LEAD Childhood Lead Testing  Missouri Military Family Relief Fund  General Revenue  Addl. Trust Fund Code (See Instr.)								
	17. Overpayment to be applied to next filing period					17		00	
	18. Overpayment to be refunded (Line 15 less Lines 16 and 17)					18		00	
	19. If Line 14 is less than Line 11, enter UNDERPAYMENT here					19		00	
	20. Enter total amount on Line 20.					20		00	
	21. TOTAL DUE (Add Lines 19 and 20) (U.S. funds only)					21		00	
	Interest \$								
	Penalty \$								
Form MO-2220 \$									
If you pay by check, you authorize the Department of Revenue to process the check electronically. Any check returned unpaid may be presented again electronically.									
Signature	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As provided in Chapter 143, RSMo, a penalty of up to \$500 shall be imposed on any corporation which files a frivolous return.					I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm, or if internally prepared, any member of the internal staff.			<input type="checkbox"/> YES DOR ONLY
	SIGNATURE OF OFFICER (REQUIRED)					TITLE OF OFFICER		PHONE NUMBER	DATE SIGNED
PREPARER'S SIGNATURE (INCLUDING INTERNAL PREPARER)					PREPARER'S FEIN, SSN, OR PTIN		PHONE NUMBER	DATE SIGNED	
								<input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> B <input type="checkbox"/> F	